# and Support Services

**Residential Habilitation** Residential Habilitation and Support Services (RHS1, RHS2, and RHS3) provide up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the individual, and assist in the acquisition, improvement, and retention of skills necessary to support individuals to live successfully in their own homes

- RHS1 35 hours or less per week
- RHS2 QMRP, 10 hours per month or less and may only be used with RHS1
- RHS3 More than 35 hours per week

#### Guidelines for Determining Staffing Needs

## 1:1 Staffing-Intensive

- Individuals requiring intensive staffing supports may require 1:1 staffing at all times
- The staff cannot be shared with another individual in the same home
- This may occur when a individual cannot live with another individual and must live in his/her own home requiring 1:1 staffing
- Some examples would be due to intense maladaptive behavioral incidents, and these behaviors would deem the environment unsafe or dangerous
- The individual may be assaultive, which would threaten the safety and security of another consumer or staff. In this case, the behavioral support plan would indicate this need and the process for reducing these behaviors
- 1:1 staffing may be needed when there are major medical needs, which require constant, total care. In this case, consideration to reduce staff would be reviewed on a quarterly basis, or as soon as conditions improve

### 24 hour shared staffing - Non Intensive

- Individuals requiring non-intensive staffing would require 24 hours or less of shared staffing
- These individuals may need 1:1 during the course of the day for ADL's, specific programming and lifting or transferring
- They may be able to independently relax or function while staff attends another individual's needs in the residence.

This service definition supercedes all previous service definitions for Residential Habilitation and Support Services

This service definition update applies to the BDDS Service Definitions and to services provided on the Autism, Developmental Disabilities and Support Services Waivers

- The individual may have up to two (2) roommates.
- A four (4) person household would require the approval of the BDDS Director on an annual basis via the submission of the Cost Comparison Budget (CCB)
- The Individualized Support Team should evaluate and identify needs (i.e. arms length, line of sight, etc.)

# Intermittent Staffing-Non Intensive

- Individuals requiring non-intensive staffing in this setting would require less than 24 hours of staffing
- They may at any given time of the day be without staff
- The individual can identify health and safety issues and has a means for getting help when needed
- The level of non-staffed hours should be determined by the Individualized Support Team, and evaluated on a quarterly basis or whenever change takes place which causes a significant health and safety risk
  - Examples of this would be a hospitalization or a significant change in behavior

Unit of Service

1 hour

Limits

\*Note – Any budget that is submitted containing one or more months over the following guidelines will be reviewed by the Exception Review Team

#### RHS3

In a one (1) person household setting, an average of eighteen (18) hours of RHS services may be used per day. In a setting with two (2) persons, the housemates may have a combined average of thirty (30) hours of RHS Services per day. A setting with three (3) persons may have a combined average of forty (40) hours of RHS Services per day and a setting with four (4) persons may have a combined average of fifty (50) hours of HRS Services per day

1 person setting – average of 18 hours RHS per day 2 person setting – average of 30 hours RHS per day

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3 person setting – average of 40 hours RHS per day 4 person setting – average of 50 hours RHS per day

Fluctuation in the total daily hours of service is acceptable as long as:

- the daily average for the week is adhered to
- the individual to staff ratio is consistent with the individual's service planner
- The Individualized Support Plan clearly outlines the individual's need for the fluctuation of the total daily hours used

## RHS2(QMRP)

10 hours or less of RHS2 may be used per month (RHS2 may only be used in conjunction with RHS1)

**Activities Allowed** 

**RHS1 and RHS3** - Reimbursement for services includes the following activities:

- Direct supervision, monitoring, training, education, demonstration or support to assist with
  - ° Behavioral Support Plan implementation
  - Acquisition, improvement and retention of life skills
  - Assistance with meals
  - ° Shopping
  - Medical appointments
  - Running errands
  - Household care/chores
  - Leisure time activities and community exploration
  - Residential Habilitation Services furnished to an adult individual by that person's parent or guardian that do not total more than forty (40) hours per week

**RHS2 (QMRP)** – Reimbursement for services includes the following activities:

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- Direct or indirect support of an individual to assist with
  - Advocating for individuals with regard to the administration of entitlements/benefits
  - Development of Individualized Support Plan and monitoring the implementation of the plan designed to meet targeted outcomes
- May be used only in conjunction with RHS1

#### Activities Not Allowed

**RHS1 and RHS3** - Reimbursement is not available through RHS1 and RHS3 in the following circumstances:

- When services are furnished to a minor by the parent(s) or step-parent(s)
- When services are furnished to an individual by that person's spouse
- When the service of Adult Foster Care or Children's Foster Care is being furnished to the individual
- If services are being furnished to an adult individual by that person's parent or guardian, the service may not total more than forty (40) hours per week

**RHS2 (QMRP)** – Reimbursement is not available through RHS2 in the following circumstance:

• When the service of RHS3 is being furnished to the individual (under this service the services of a QMRP are already being provided)

# Service Standards

Residential Habilitation and Support Services must be reflected in the Individualized Support Plan

• Services must address needs identified in the person centered planning process and be outlined in the Individualized Support Plan

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- Residential Habilitation and Support Services should complement but not duplicate habilitation services being provided in other settings
- Individual to staff ratio must be consistent with the individual's service planner

## Provider Qualifications

To be approved to provide Residential Habilitation and Support Services, an applicant shall:

- meet the requirements for direct care staff set out in 460 IAC 6-14-5
- An entity shall certify that, if approved, the entity will provide Residential Habilitation and Support Services using only persons who meet the qualifications set out in 460 IAC 6-14-5
- Providers approved for Residential Habilitation and Support Services may be approved for Rent & Food for an Unrelated Live-in Caregiver and Transportation Services upon request with no additional requirements necessary

# Documentation Standards

Residential Habilitation and Supports documentation must include:

- Services outlined in Individualized Support Plan
- BDDS approved provider
- A data record of staff to individual service documenting the names of both the staff and individual, the complete date and the start and stop time of the service (including a.m. or p.m.)
- Each staff member who provides uninterrupted, continuous service in direct supervision or care of the individual must make one entry. If a staff member provides interrupted service (i.e. one hour in the morning and one hour in the evening), an entry for each unique encounter must be made. All entries should describe an issue or circumstance concerning the individual. The entry should include complete time and date of entry and at least the last name and first initial of the staff person making the entry
- If the person providing the service is required to be professionally licensed, the title of the individual must also be included. For example, if

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- a nurse is required, the nurse's title should be documented
- Any significant issues involving an individual requiring intervention by a Health Care Processional, Case Manager or BDDS staff member are also to be documented
- Documentation that supports compliance with staffing ratios per the individual's service planner
- Documentation in compliance with 460 IAC 6

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